

Iowa CACFP
Menu Form for children ages 1-12 years

Site number _____
 Month _____

Center name _____
 Year _____

	Meal Pattern	Monday Date _____	Tuesday Date _____	Wednesday Date _____	Thursday Date _____	Friday Date _____
Breakfast	<ul style="list-style-type: none"> • Bread or bread alternate (including cereal) • Juice or fruit or vegetable • Milk, Fluid • Other Foods 					
Snack	(Select two of these four components) <ul style="list-style-type: none"> • Milk, fluid • Juice or fruit or vegetable • Bread or bread alternate • Meat or meat alternate 					
Lunch	<ul style="list-style-type: none"> • Meat or meat alternate • Vegetable and/or fruit • 2nd Vegetable or fruit • Bread or bread alternate • Milk, fluid • Other Foods 					
Snack	(Select two of these four components) <ul style="list-style-type: none"> • Milk, fluid • Juice or fruit or vegetable • Bread or bread alternate • Meat or meat alternate 					
Supper	<ul style="list-style-type: none"> • Meat or meat alternate • Vegetable and/or fruit • 2nd Vegetable or fruit • Bread or bread alternate • Milk, fluid • Other Foods 					

Use these codes: (1) New food, (2) Nutrition activity, (A) Vitamin A food, (C) Vitamin C food, (HM) Center made (S) Seasonal